

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASD		4/11/01
FORMALITY REVIEW	LT	JL708	5-18-01
RESPONSE FORMALITY REVIEW	geb	1030	6-25-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	0	0	
17	=	✓	
18	=	✓	
19	=	✓	
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42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
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